28th Annual Carlsbad Triathlon

Race Packet Pick-up Options:

Free In Person Pick-up: Saturday, July 12th, between 10 AM - 4 PM, at south west corner, Westfield Plaza Camino Real 2525 El Camino Real, Carlsbad, CA. (Map on reverse of this form)

\$25 Sunday Packet Pick-up: At the race site.

Packets may NOT be picked up for anyone else. Must show a valid ID.

There is a 1,000 entrant cap, so sign up early to secure your spot! Awards will be given to the top 3 in each division.



Carlsbad Triathlon Application

(Web registration available at www.carlsbadtriathlon.com)

Individual Na	me			Waiver must be sign	ned on the back before recei	ving race packet. Relay
Street Address				teams must have all members sign and minors must have a parent		
City, State, Zip				signature. Registration is on space-available basis only at packet pick-		
Daytime Phone				up. Please note: There are NO TRANSFERS or REFUNDS, NO RACE DAY REGISTRATION and NO FAX OR PHONE-IN REGISTRATION AVAILABLE.		
E-mail				REGISTRATION and I	NO FAX OR PHONE-IN REGISTE	ATION AVAILABLE.
	, ,					
individual Div	isions (please circle	e one age group)				
14-19	20-24	25-29	30-34	35-39	40-44	45-49
50-54	55-59	60-64	65+	Elite	Clydesdale (200+ lbs.)	Athena (160+ lbs.)
Age on race d	ay Male / F	emale T-shirt	size			
Relay Division	s (circle one)					
Male	Female	Co-Ed	Senior (65+)			
Relay Team N	ame (if applicable;	please limit name to	12 characters) _			
#1) Name	T-:	shirt Size #2)	Name	T-shirt Size	#3) Name	T-shirt Size
Fees (circle o	ne) Received by:			before July 1st	July 1st - July 8th	1
Elite, Adult, Teen, Senior Individual (Carlsbad Resident)				\$90	\$105	
Elite, Adult, Teen, Senior Individual (Non Resident)				\$100	\$115	
Relay Divisions			\$120	\$135		
SUBTOTAL						
•		,			\$25	
Optional Dona	ation to Opportunit	y Grants Program (Th	nank You!)			
TOTAL AMOU	NT ENCLOSED					
		"City of Carlsbad" or				
VISA / MasterCard Number:				Expires:		
Mail to: Carlsl	oad Triathlon, 3096	6 Harding Street, Car	Isbad, CA 92008			



KAISER PERMANENTE®







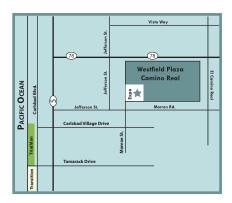


(Waiver on Reverse)



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Map to south west corner, Westfield Plaza Camino Real 2525 El Camino Real, Carlsbad, CA 92008





Carlsbad Triathlon Waiver of Liability

2009 CARLSBAD TRIATHLON July 12th

Waiver of Liability, Indemnification Agreement and Photo Release (please read before signing)

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, and/or producers of the event, and lack of hydration, I hereby assume all of the risks of my or my child's participation in this event. I certify that I am or my child is physically fit, have sufficiently trained for participation in the event and have not been otherwise advised against participating by a qualified medical person.

I acknowledge that this WAIVER AND RELEASE OF LIABILITY (WRL) FORM will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my or my child's actions and responsibilities at said event. In consideration of my or my child's application and permitting me or my child to participate in event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waiver, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event THE FOLLOWING ENTITIES OR PERSON(S): City of Carlsbad and City of Encinitas, State of California, and Spectrum Sports Management LLC and their officers, employees, agents, directors, volunteers, and elected and appointed officials; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my or my child's actions during this event. I hereby consent to receive medical treatment for myself or my child, which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my or my child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns. This WOL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY AND AGREES TO SAVE AND HOLD HARMLESS AND INDEMNIFY EACH AND ALL OF THE PARTIES REFERRED TO ABOVE FROM ALL LIABILITY, LOSS, COST, CLAIM OR DAMAGE WHATSOEVER WHICH MAY BE IMPOSED UPON SAID PARTIES BECAUSE OF ANY DEFECT IN OR LACK OF SUCH CAPACITY TO SO ACT AND RELEASE SAID PARTIES ON BEHALF OF THE MINOR AND THE PARENTS OR LEGAL GUARDIAN. I UNDERSTAND THAT BY AGREEING TO THIS WAIVER I AM FREEING THE CITY OF CARLSBAD AND CITY OF ENCINITAS, STATE OF CALIFORNIA, AND SPECTRUM SPORTS MANAGEMENT LLC FROM ANY LIABILITY RESULTING FROM MY OR MY CHILD'S PARTICIPATION IN THE ACTIVITIES AND EVENTS REGISTERED. I RECOGNISE THAT THESE ACTIVITIES AND EVENTS CAN BE DANGEROUS TO ME OR MY CHILD AND ACCEPT THOSE DANGERS. I UNDERSTAND THAT IF I AM OR MY CHILD IS INJURED, THIS WAIVER WILL BE USED AGAINST ME AND ANYONE ELSE CLAIMING DAMAGE BECAUSE OF MY OR MY CHILD'S INJURY IN ANY LEGAL ACTION. I ALSO UNDERSTAND THAT NO CITY EMPLOYEE OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

